



# Rhode Island Ethics Commission

## 2009 YEARLY FINANCIAL STATEMENT

10 SEP - 3 AM 10:28

RECEIVED  
RHODE ISLAND  
ETHICS COMMISSION12th  
10-6-09

ALL QUESTIONS REFER TO THE CALENDAR YEAR JANUARY 1, 2009 THROUGH DECEMBER 31, 2009  
UNLESS OTHERWISE SPECIFIED.

PLEASE ANSWER **ALL** QUESTIONS AND WHERE YOUR ANSWER IS "NONE" OR "NOT APPLICABLE" SO  
STATE. ANSWERS SHOULD BE PRINTED OR TYPED, and additional sheets may be used if more space is needed.  
For clarification of any question, read instruction sheet.

**Note:** If you are a state or municipal official or employee who is required to file a Yearly Financial Statement, a failure to file the Statement is a violation of the law and may subject you to substantial penalties, including fines. If you received a 2009 Yearly Financial Statement in the mail but believe you did not hold a public position in 2009 or 2010 that requires such filing, you should contact the Ethics Commission (See Instruction Sheet for contact information).

1. McKENNA KEVEN A.  
NAME OF OFFICIAL (LAST) (FIRST) (INITIAL)

2. 182 School Street LINCOLN RI 02802  
HOME ADDRESS (STREET) (CITY/TOWN) (ZIP CODE)

P.O. Box 200 ALBION RI 02802  
MAILING ADDRESS (if different from home address)

3. List Public Position(s) you hold and governmental unit:

NONE  
(PUBLIC POSITION) (MUNICIPALITY, STATE OR REGIONAL)

(PUBLIC POSITION) (MUNICIPALITY, STATE OR REGIONAL)

I was elected on \_\_\_\_\_ I was appointed on \_\_\_\_\_ I was hired on \_\_\_\_\_  
(date) (date) (date)

If you no longer hold a public position, state date of termination or resignation

- Judge - 1992  
- State Rep - 1986  
- Asst Atty - 1975

4. List elected office(s) for which you were/are a candidate in either calendar year 2009 or 2010 (Read instruction #4)

2010 - ATTORNEY GENERAL - INDEPENDENT

5. List the following: NAME OF SPOUSE

SHEILA BENTLEY MCKENNA - 10-25-

6. List the names of any employer from which you, your spouse, or dependent child received \$1,000 or more gross income during calendar year 2009. If self-employed, list any occupation from which \$1,000 or more gross income was received. If employed by a state or municipal agency, or if self-employed and services were rendered to a state or municipal agency for an amount of income in excess of \$250, list the date and nature of services rendered. If the public position or employment listed in #3, above, provides you with an amount of gross income in excess of \$250 it must be listed here. (Do Not List Amounts.)

NAME OF FAMILY  
MEMBER EMPLOYED

NAME AND ADDRESS  
OF EMPLOYER OR OCCUPATION

DATES AND NATURE  
OF SERVICES RENDERED

KEVEN A. MCKENNA P.C. Legal  
23 ACORN Street Services  
PROVIDENCE R.I. 02903

7. List the address or legal description of any real estate, other than your principal residence, in which you, your spouse, or dependent child had a financial interest.

NAMES

NATURE OF INTEREST

None Not Applicable ADDRESS OR DESCRIPTION

8. List the name of any trust, name and address of the trustee of any trust, from which you, your spouse, or dependent child or children individually received \$1,000 or more gross income. List assets if known. (Do Not List Amounts.)

NAME OF TRUST: SHEILA A. Bentley

NAME OF TRUSTEE AND ADDRESS: SHEILA A. Bentley 182  
School St Albion RI

NAME OF FAMILY MEMBER  
RECEIVING TRUST INCOME: Sheila Bentley McKenna

ASSETS: Stocks, bonds, CDs held in Trust

9. List the name and address of any business organization or other entity, whether for profit or non-profit, in which you, your spouse, or dependent child held a position as a director, officer, partner, trustee, or a management position.

NAME OF FAMILY MEMBER

NAME AND ADDRESS OF BUSINESS

POSITION

Keven A. McKenna — Joslin Multi-Service Corporation — Director

Keven A. McKenna — Joslin Street — Director  
Providence RI — President,  
Keven A. McKenna, P.C. J.P.  
23 ACORN sec.  
Providence RI 02903 Treas

10. List the name and address of any interested person, or business entity, that made total gifts or total contributions in excess of \$100 in cash or property during calendar year 2009 to you, your spouse, or dependent child. Certain gifts from relatives and certain campaign contributions are excluded. (See instruction #10)

NONE

NAME OF PERSON RECEIVING  
GIFT OR CONTRIBUTION

NOT APPLICABLE

NAME AND ADDRESS OF PERSON OR ENTITY  
MAKING GIFT OR CONTRIBUTION

11. List the name and address of any business in which you, your spouse, or dependent child individually or collectively holds a 10% or greater ownership interest, or a \$5,000 or greater ownership or investment interest.

NAME OF FAMILY MEMBER

KEVEN A MCKENNA

NAME AND ADDRESS OF BUSINESS

KEVEN A MCKENNA P.C,  
23 Acorn Street  
Providence RI 02905

12. If any business listed in #11, above, did business in excess of a total of \$250 in calendar year 2009 with a state or municipal agency, **AND** you are a member or employee of the agency or exercise direct or legislative control over the agency, list the following:

None

Not APPLICABLE

NAME AND ADDRESS  
OF BUSINESS

NAME OF AGENCY

DATE AND NATURE  
OF TRANSACTION

13. If any business listed in #11, above, was a business entity subject to direct regulation by a state or municipal agency, **AND** you are a member or employee of the agency or exercise direct or legislative control over the agency, list the following:

None

Not APPLICABLE

NAME AND ADDRESS OF BUSINESS

NAME OF REGULATING AGENCY

14. If you, your spouse, or dependent child individually or collectively acquired or divested a 10% ownership interest or a \$5,000 or greater ownership or investment interest in a business after January 1, 2010 and before the date you file this statement **AND** if said business was regulated by a state or municipal agency of which you are an employee or a member, or over which you exercise direct or legislative authority, list the following:

None NOT APPLICABLE

NAME AND ADDRESS OF BUSINESS DESCRIPTION OF INTEREST (NOT AMOUNT) AND DATE ACQUIRED AND/OR DIVESTED

NAME OF REGULATING AGENCY

HOW REGULATED

15. If you, your spouse, or dependent child individually or collectively acquired or divested a 10% ownership interest or a \$5,000 or greater ownership or investment interest in a business after January 1, 2010 and before the date you file this statement, which did business in excess of \$250 with a state or municipal agency of which you are an employee or a member, or over which you exercise direct or legislative authority, list the following:

None NOT APPLICABLE

NAME AND ADDRESS OF BUSINESS DESCRIPTION OF INTEREST NAME OF STATE OR MUNICIPAL AGENCY DATE ACQUIRED AND/OR DIVESTED (DO NOT INCLUDE AMOUNT)

16. If you, your spouse or dependent child were indebted in an amount in excess of \$1,000 to any person, business entity or other organization other than (i) any person related to you, your spouse or dependent child at any time within the third degree of consanguinity, or (ii) a financial institution regulated by any state or by the United States where such indebtedness is secured solely by a mortgage of record on real property used exclusively as your principal residence, or (iii) any indebtedness arising from transactions involving credit cards, please list the following:

NAME AND ADDRESS OF DEBTOR NAME AND ADDRESS OF LENDER

- U.S. INTERNAL Revenue Service (Disputed Taxes) Washington DC

- R.I. Division of TAXES Providence RI

- SUMNER STONE (Disputed W.C. claim) EAST Greenwich RI

- Andrew CASLOWITZ (Disputed together) - EAST Providence RI

I certify under penalty of perjury, that this Financial Statement is a complete and accurate response to the questions presented as to the financial information and interests during the year 2009 of myself, my spouse, and my dependent children. I acknowledge that I may request an advisory opinion from the Ethics Commission as to my conduct under the Code of Ethics. I understand that a copy of the Code of Ethics will be provided to me at no cost upon request by contacting the Ethics Commission.

State of Rhode Island  
County of

SIGNATURE

Subscribed and sworn to before me at this day of 2010

My Commission expires: 10/26/12

SIGNATURE OF NOTARY PUBLIC

THIS STATEMENT WILL BE RETURNED IF IT IS NOT SIGNED AND NOTARIZED AND IF ANY QUESTION IS NOT ANSWERED.

**GENERAL OFFICER ADDENDUM**  
**TO 2009 FINANCIAL DISCLOSURE STATEMENT**

If you hold, or are a candidate for, a statewide general office (Governor, Lieutenant Governor, Secretary of State, Attorney General, General Treasurer), list all sources and amounts of income in excess of two hundred dollars (\$200), you received during calendar year 2009. R.I. Gen. Laws § 36-14-17(b)(2).

**SOURCE AND DESCRIPTION OF INCOME:**

**AMOUNT OF INCOME:**

(check one)

Name of Source: KEVIN A. McMANUS, C.

Address: 23 Acon Street

Providence RI 02903

Description:

My legal services  
Corporation

☐ Not more than \$1,000

☐ \$1,001 to \$10,000

☐ \$10,001 to \$25,000

☐ \$25,001 to \$50,000

☐ \$50,001 to 100,000

☐ \$100,001 to \$200,000

☒ \$200,001 to \$500,000

☐ \$500,001 to \$1,000,000

☐ More than \$1,000,000

**SOURCE AND DESCRIPTION OF INCOME:**

**AMOUNT OF INCOME:**

(check one)

Name of Source: \_\_\_\_\_

Address: \_\_\_\_\_

Description: \_\_\_\_\_

☐ Not more than \$1,000

☐ \$1,001 to \$10,000

☐ \$10,001 to \$25,000

☐ \$25,001 to \$50,000

☐ \$50,001 to 100,000

☐ \$100,001 to \$200,000

☐ \$200,001 to \$500,000

☐ \$500,001 to \$1,000,000

☐ More than \$1,000,000

I certify under penalty of perjury that the information contained on this form, and on any attachments, is a complete and accurate listing of the sources and amounts of income exceeding \$200 that I received in calendar year 2009.

State of Rhode Island  
County of Providence

Kevin A. McManus  
Signed \_\_\_\_\_

Date

Subscribed and sworn to before me at Providence

on the following date: 9/2/10

My Commission Expires: 10/20/10

[Signature]  
Signature of Notary Public

(Attach additional sheets if necessary)

*State of Rhode Island  
Providence, SC*

*On this, the 7<sup>th</sup> day of September, 2010, before me a notary public, the undersigned, personally appeared Keven A. McKenna, known to me to be the person whose name is subscribed to the within instrument as AMENDED and acknowledged that he executed the same*

*In witness hereof, I hereunto set my hand and official seal.*

---

*Notary Public*

*My Commission Expires:*